ED STATES PATENT AND TRADEMARK OFFICE



CERTIFICATION UNDER 37 CFR 1.8

I hereby certify that the documents referenced herein are being deposited with the United States Postal Service as First Class Mail on the date indicated below to Mail Stop Petition,

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Leah Saar

Depositor's Signature

In re Appln. Of

Leone, Steven B.

Atty. Docket: C4-1099

Title:

ELECTRONIC ARTICLE SURVEILLANCE MARKER

DEACTIVATOR USING PHASE CONTROL DEACTIVATION

Serial No:

10/688,822

Art Unit: 2632

Filed:

October 17, 2003

Examiner: Mullen, Thomas J.

RESQUEST FOR EXTENSION OF TIME

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir,

This is a request under the provisions of 37 C.F.R. 1.136(a) to extend the period for filing a response in the above-identified application. An authorization to charge deposit account number 19-1346 in the amount of \$1,590.00 for a 4 month extension of time pursuant to 37 C.F.R. 1.17(a)(4) is enclosed herewith.

Respectfully submitted

Frank A. Cona

Registration No. 38,412

Tyco Fire & Security Services One Town Center Road Boca Raton, FL 33486 561-981-4366 (phone) 561-988-7843 (facsimile)

01/24/2006 TBESHAH1 00000033 191346

02 FC:1254

1590.00 DA

Adjustment date: 03/21/2006 CKHLOK 01/24/2006 TBESHAH1 00000033 191346 10688822

02 FC:1254 1590.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Seria			al/Patent #			
3 Please refund the following fee(s):		(s):	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
	Filing					\$
	Amendment					\$
X	Extension of Time		Nor		1-23-06	\$ 1590.00
	Notice of Appeal/Appeal					\$
Ø	Petition					\$
	Issue					\$
	Cert of Correction/Terminal	Disc.				\$
	Maintenance					\$
	Assignment					\$
	Other					\$
			7 TOTAL AMOUNT OF REFUND			\$ 1590.00
***************************************			8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
	Overpayment		X	C	redit Depo	osit A/C #:
	Duplicate Payment			9 (1 9 1	3 4 6
X	No Fee Due (Explanation):			-		
Extension of time submitted after atom maximum extende period for						
superal.						
11 REFUND REQUESTED BY: TYPED/PRINTED NAME:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B